



COMMONWEALTH OF KENTUCKY
UNIVERSIAL SERVICE FUND

Date_____

Reporting Month_____

Carrier Information	
Company Name	
Company Address	
Telephone / Fax	
Vendor Number	

Classification Please Circle One	ILEC	CLEC	Cellular	PCS
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Monthly Access Line Data	
1.	Total Access Lines in Service.....
2.	Surcharge Per Access Line..... <u>\$0.05</u>
3.	Amount of Surcharge Remitted to Kentucky USF.....
4.	Number of Access Lines Receiving Lifeline Support.....
5.	Amount of Reimbursement Requested from Kentucky USF.....

Signature Block	
I hereby attest that the information reported herein is true and accurate to the best of my knowledge.	
Company Official _____ (Printed)	Title _____ Company Official _____ (Signed)

Make check payable to: "Kentucky State Treasurer" and send with this report to: Finance and Administration Cabinet ATTN: Donna Smith Capitol Annex, Room 488A Frankfort, KY 40601



AN EQUAL OPPORTUNITY EMPLOYER M/F/D

Send a copy of this report to: Kentucky Public Service Commission ATTN: Jim Stevens 211 Sower Blvd. P.O. Box 615 Frankfort, KY 40602
